

|                             |                         |              |                        |                                 |
|-----------------------------|-------------------------|--------------|------------------------|---------------------------------|
| SERIAL NUMBER<br>09/436,741 | FILING DATE<br>11/09/99 | CLASS<br>604 | GROUP ART UNIT<br>3734 | ATTORNEY DOCKET NO.<br>9755-009 |
|-----------------------------|-------------------------|--------------|------------------------|---------------------------------|

APPLICANT

YOVETTE MUMFORD, WINCHESTER, MA.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED THIS APPLN IS A CIP OF 09/220,499 12/24/98  
PROVISIONAL APPLICATION NO. 60/119,373 02/09/99

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

*[Signature]* *crone*

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

*[Signature]* *crone*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/15/99

|   |  |                        |                     |                    |                         |
|---|--|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY<br>MA | SHEETS DRAWING<br>8 | TOTAL CLAIMS<br>51 | INDEPENDENT CLAIMS<br>6 |
| Verified and Acknowledged <i>[Signature]</i><br><i>Examiner's Initials</i> <i>Initials</i>                                      |  |                        |                     |                    |                         |

#12 *Kathleen P. Dwyer as Trustee for  
Safety Medical Supply International, Inc.  
MacLean Holloway Doherty Arditt & Morse, P.C.  
55 Ferncroft Rd. 3rd Fl.  
Denver, MA 01923*

TITLE

PERMANENT LOCKING MECHANISM FOR SHARP-INSTRUMENT SAFETY GUARD

|                                |   |   |
|--------------------------------|---|---|
| FILING FEE RECEIVED<br>\$1,552 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>NO. _____ for the following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|--------------------------------|---|---|